



DRAFT: Strategic commissioning in Shropshire and Telford and Wrekin

August 2019

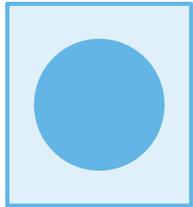
Why do this?

- It is the national direction of travel to have a single merged CCG (strategic commissioner) for each Integrated Care System footprint across the country.
- The aim is to ensure providers work better together to create **a new integrated care system that prioritises healthcare transformation.**
- GPs and staff will have more opportunities to work with colleagues to reshape services.
- This new way of working has the potential to break down barriers and create genuinely integrated pathways that are better for patients and improve outcomes.

NHS England policy

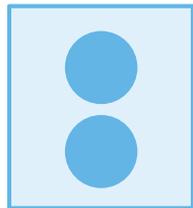
Policy makes clear that there are three planning footprints to consider when designing a future Integrated Care System and a strategic commissioner.

This is the starting point for assessing what Shropshire, Telford and Wrekin is aiming for and what the new system will look like.



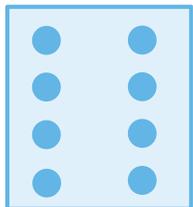
Whole System footprint

Whole system planning footprint that covers the entire system / county footprint **c.500k population**. The Integrated Care System and merged CCG / strategic commissioner operate at this level.



Place footprint – Shropshire and Telford and Wrekin

We understand there are potentially two places within the footprint: Shropshire **c.320k population** and Telford and Wrekin **c.180k population**.

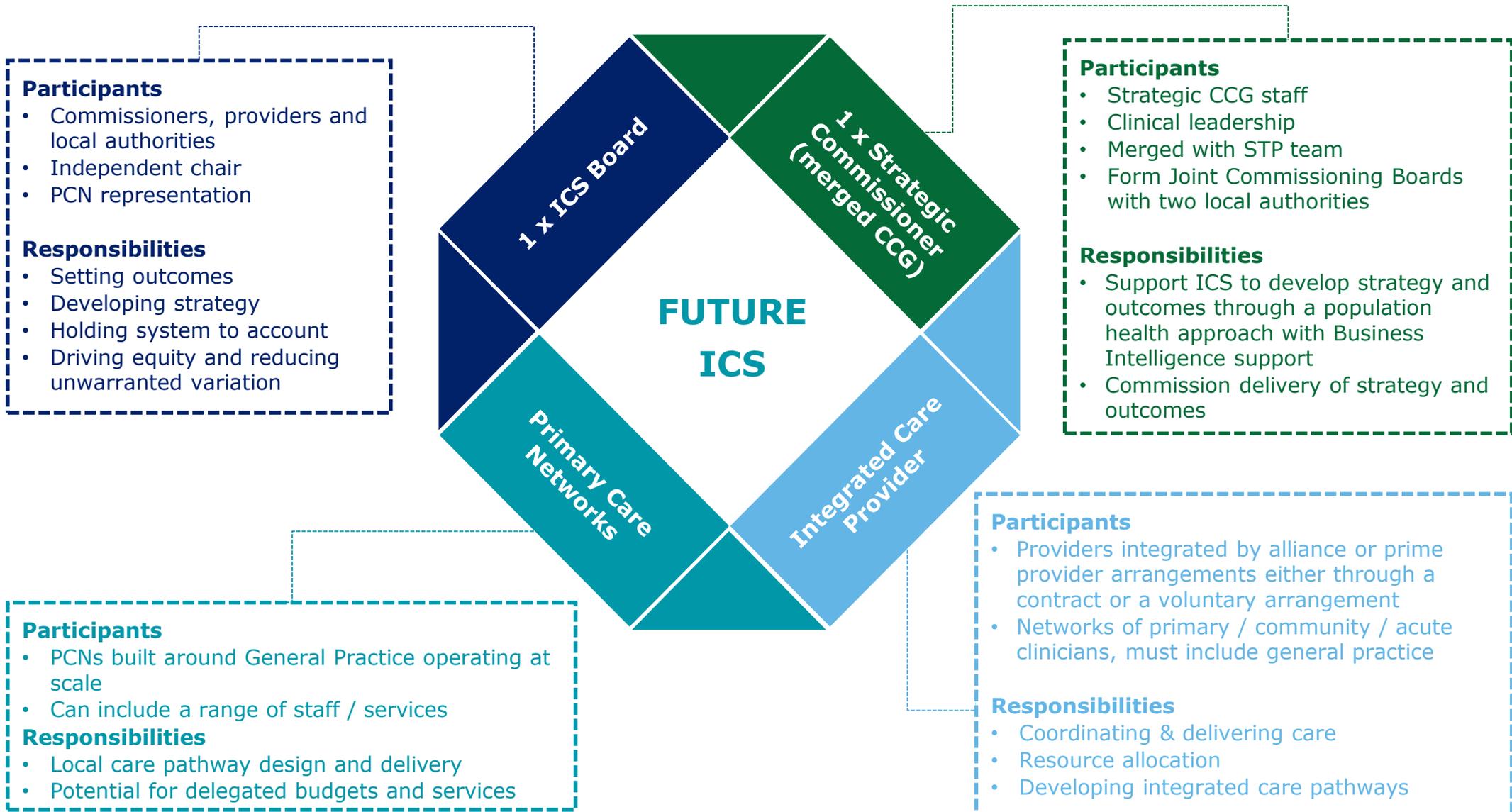


Neighbourhood footprint – Primary Care Networks (PCNs)

This is the smallest planning footprint split across eight PCNs with varying population levels.

The Potential Future Integrated Care System

The diagram below summarises the potential design of the whole Integrated Care System. It is important to understand the broader system transformation and the part the strategic commissioner plays within this.



Clarity on the future role of the strategic commissioner

The strategic commissioner will operate in a very different way

Future role of the Commissioner

A move away from

- Spending unproductive time on contracting and transactional commissioning that is required by the current system
- Designing services or QIPP schemes where delivery is a challenge
- Detailed direct commissioner intervention and direction of quality and primary care
- Areas of conflict between primary, community and acute care
- Some conflicts between commissioners and providers based on regulator instructions

A move towards ...

Taking a more strategic approach

- Set the outcomes and let the providers deliver them
- Use a population health approach to define what really matters for each part of the population, and then set outcomes and allocate budgets accordingly
- Population health is based on use of data and intelligence from all parts of the system, and best practice
- Robust approach to prioritising key interventions and stopping doing other things

Providing system leadership

- Single clear vision and accountability
- Integrate commissioning functions and resources with the local authorities where desired and possible
- Greater working with providers as partners

Patient advocate

- Strengthen the ability to hold the ICP to account on behalf of the ICS PB for delivering high quality outcomes
- Focus on delivering longer term goals across a broader set of indicators (e.g. wider determinants of health)
- Expand working with other parts of the system (e.g. Police, Fire)

Key benefits

Patient benefits

- ✓ The ICS will work to deliver **integrated pathways that are better for patients**
- ✓ The strategic commissioner function and provider integration will **reduce variation in outcomes for patients** across the county
- ✓ Similarly there will be reduced variation in **access to services** for patients
- ✓ The model creates a **focus on the health of the whole population**, including prevention, through the use of capitated budgets

System benefits

- ✓ We have to **remove the perverse incentives** that exist in the current situation
- ✓ Empower clinicians to **break down the barriers** between primary, community and acute care and create a better chance of delivering integrated care
- ✓ **Genuinely local delivery** through the place footprint and Primary Care Networks
- ✓ **More efficient** – removes the duplication, efforts and cost in the current system
- ✓ Better use of clinical and manager time on the **things that matter**
- ✓ Stronger engagement of local authorities to **bring health and social care together**
- ✓ Opportunity to **move resources around the system** to where they are most needed



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